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Let Cinderella go to the ball

Postnatal care is frequently referred to as the 'Cinderella' service, an appropriate name for what seems to be such an undervalued aspect of maternity care. Birth and the subsequent transition to parenthood involve huge physical and emotional changes, which, if not monitored closely and managed well from the start, can lead to negative repercussions further along in the postnatal period. So why is it that postnatal care is underrated? The name 'Cinderella' suggests that it is unimportant and can be left to struggle on without attention or investment. With the continuing shortage of midwives this seems to be the view. If resources are scarce it is perhaps easiest to take a midwife from the postnatal ward to help out on the labour ward when it is understaffed. This suggests that women who have just had their baby ought to be able to 'get on with it' without much attention from the midwives. It is no wonder the maternity care assistants are so valuable if they are being relied upon as substitutes for midwives in this area of maternity care. Knowledge about essential baby care and being able to carry out the fundamental aspects is important to parents. Certainly maternity care assistants can provide assistance to parents if they are given adequate training but a midwife has much more to offer. Women who have just given birth can end up feeling abandoned and vulnerable leading to postnatal depression or difficulties forming close relationships with their babies. Midwives are ideally placed to monitor women and to help them address these issues, as well as providing breastfeeding support and assessing their physical wellbeing in the postpartum.

Key competencies in the NICE clinical guideline for routine postnatal care are:

- Maternal and newborn physical examinations
- Supporting breastfeeding women
- Recognizing the signs and symptoms of maternal mental health problems
- Recognizing risks, signs and symptoms of domestic and child abuse and knowing who to contact for advice (NICE, 2006).

The most common reason for maternal death is suicide (CEMACH, 2002). It is vital that postnatal care is embraced as an equal partner to antenatal and labour care. Principles of care in the NICE clinical guideline for mental health problems antenatally and postnatally recommend that at the woman's booking visit and postnatally, healthcare professionals should ask two questions to identify possible depression:

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you often been bothered by having little interest or pleasure in doing things?

If the woman answers 'yes' to either of the initial questions, also ask:

- Is this something you feel you need or want help with? (NICE, 2007)

Although the midwife probably has far two many visits to squeeze into one shift and perhaps she has never met the woman before so has had no opportunity to develop any kind of relationship with her, it is essential that the midwife tries to discover as much as she can from these questions. Midwives are in the front line when it comes to detecting postnatal depression but if Trusts are running a skeleton service, midwives are missing out on this valuable aspect to their practice. Turning the service over to the less qualified or barely providing it at all is detrimental not only to the future scope of midwifery practice and the women but also to children. Babies' development is determined by social interaction and postnatal depression is associated with adverse outcomes for children. The postpartum is a critical window of opportunity for midwives to improve public health. **BJM**

Victoria Clift-Matthews
Editor

CEMACH (2002) *Why mothers die 2000-2002.* http://www.cemach.org.uk/publications/WMD2000_2002/content.htm (Accessed 28 June 2007)
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